Fill	in this information to identify your c	ase:									
	otor 1 Kim McMilla		•								
	otor 2 Tammy L. N	//cM illan				_					
Unit	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF PEN	INSYLVANIA	\	_					
	ze number 24-10828		-				Check if this is An amende A supplement	ed filing	ing postpetitio	a chantar	
\cap	fficial Form 106I				•		13 income	as of the	following date		
Schedule I: Your Income				1				MM / DD/ YYYY 12/1			
spoi attac	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. 11: Describe Employment	r spouse is not filing w On the top of any additi	ith you,	do not inclu	de infor	mation	about your spe	ouse. If n	nore space is	needed,	
1.	Fill in your employment information.			ir.1		M.	Debtor	2 or non-	filing spouse	ia kas	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ En	■ Employed				■ Employed			
			☐ Not employed				☐ Not e	☐ Not employed			
	Include part-time, seasonal, or	Occupation	ccupation Sales				Accounting analyst				
	self-employed work.	Employer's name	Hyne	Hynes Home Improvement			UHS of	UHS of Delaware, Inc.			
	Occupation may include student or homemaker, if it applies.	Employer's address	119 Sibley Avenue Ardmore, PA 19003					367 South Gulph Road King of Prussia, PA 19406			
		How long employed there?		re? <u>4/2024 - present</u>				5/2012 - present			
Par	t 2: Give Details About Mo	nthly Income									
	mate monthly income as of the dise unless you are separated.	late you file this form. If	you have	e nothing to re	eport for	any line	e, write \$0 in the	space. I	nclude your no	n-filing	
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine tl	ne information	n for all e	employe	ers for that perso	on on the	lines below. If	you need	
						F	or Debtor 1		ebtor 2 or lling spouse	-	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	4,333.33	\$	5,682.14	_		
3.	Estimate and list monthly over	time pay.			3.	+\$_	0.00	<u>+</u> \$ _	0.00	_	
4.	4. Calculate gross Income. Add line 2 + line 3.				4.	\$_	4,333.33	\$_	5,682.14		

Official Form 106I Schedule I: Your Income page 1

Debtor 1 Debtor 2		Kim McMillan Tammy L. McMillan		Case number (if known)	24-10828		
	Cop	by line 4 here	4.	For Debtor (1) \$ 4,333.33	For Debtor		
5.	Lint						
Э.	5a.	all payroll deductions: Tax, Medicare, and Social Security deductions	5a.	\$ 866.67	\$	002 54	
	5b.	Mandatory contributions for retirement plans	5a. 5b.	\$ 866.67 \$ 0.00	\$	803.54 0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$ 0.00	· —	679.52	
	5d.	Required repayments of retirement fund loans	5d.	\$ 0.00		179.30	
	5e.	Insurance	5e.	\$ 4.33	-	060.28	
	5f.	Domestic support obligations	5f.	\$ 0.00	\$	0.00	
	5g.	Union dues	5g.	\$0.00	\$	0.00	
	5h.	Other deductions. Specify: HSA account	_ 5h.+	<u> </u>	+ \$	41.66	
		Stock purchase	_	\$ 0.00	\$	50.00	
		Computer purchase	-	\$0.00	\$	187.86	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$871.00	\$ <u>3</u> ,	002.16	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,462.33	\$ <u> 2</u>	679.98	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	9-		œ		
	0 h	monthly net income.	8a.	\$ 0.00	\$	0.00	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	8b.	\$ 0.00	·	0.00	
		settlement, and property settlement.	8c.	\$ 0.00	\$	0.00	
	8d.	Unemployment compensation	8d. 8e.	\$ <u>0.00</u> \$ 0.00	·	0.00	
	8e. 8f.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$ 0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$ 0.00	\$	0.00	
	8h.	Other monthly income. Specify: Tax refund (add back)	_ 8h.+	\$ 273.00	+ \$	0.00	
9.	Ado	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$ 273.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	0. \$_	3,735.33 + \$	2,679.98	= \$ 6,415.31	
11.	Incli othe Do	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your der friends or relatives. In the contribution of th	depend			э J. +\$0.00_	
12.		If the amount in the last column of line 10 to the amount in line 11. The resulte that amount on the Summary of Schedules and Statistical Summary of Certain lies				\$ <u>6,415.31</u>	
13.	Do	you expect an increase or decrease within the year after you file this form?	•			Combined monthly income	
. ••		No.					
	_	Yes Explain					

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